

SUBMIT: COMPLETED APPLICATION TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
JUL 20 2017
Bayfield Co. Zoning Dept.

Permit #: 17-0352
Date: 9-6-17
Amount Paid: 600.00
Refund: 72217
dar

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input checked="" type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER									
Owner's Name: Craig & Shelly Krueger		Mailing Address: 1514 East Co. Rd. B		City/State/Zip: Maplewood, MN 55109		Telephone: 651-777-6152			
Address of Property: 55130 Silverwolf Drive		City/State/Zip: Barnes, WI		54873		Cell Phone: 651-587-9546 Shelly 651-587-9547 Craig			
Contractor: Justin Christenson		Contractor Phone: 715-580-0367		Plumber: Andry Rasmussen		Plumber Phone: 1-715-798-3355			
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (Include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No			
PROJECT LOCATION 1/4, 1/4		Legal Description: (Use Tax Statement) 37550-3872		Tax ID# (4.5 digits) 37550-3872		Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 780 R. 954			
Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No. Block(s) No. Subdivision: 47+48 47+48 Parade Add. to Rotation i	
Section 18 , Township 45N , Range 09 W		Town of: Barnes		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue →		Distance Structure is from Shoreline: feet		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Shoreland		<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue →		Distance Structure is from Shoreline: feet		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Value at Time of Completion * include donated time & material \$200,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water						
							<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
							<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: Drain field	<input checked="" type="checkbox"/> Well
							<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Privy	<input type="checkbox"/>
							<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>	<input type="checkbox"/>						

Existing Structure: (if permit being applied for is relevant to it)	Length: 67'	Width: 50'	Height: 26' 6"
Proposed Construction:	Length: 67'	Width: 50'	Height: 26' 6"

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	W x L	(18 x 67)	
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	14 x 16 Entry	(18 x 66)	1383.5
	<input type="checkbox"/> with Loft		(12 x 16)	192
	<input type="checkbox"/> with a Porch		(12 x 16)	192
	<input type="checkbox"/> with a Deck		(12 x 16)	192
<input type="checkbox"/> Commercial Use	<input checked="" type="checkbox"/> with Attached Garage		(20 x 16.5)	326
	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)		(18 x 67)	
	<input type="checkbox"/> Mobile Home (manufactured date)		(18 x 67)	
	<input type="checkbox"/> Addition/Alteration (specify)		(18 x 67)	
	<input type="checkbox"/> Accessory Building (specify)		(18 x 67)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		(18 x 67)	
	<input type="checkbox"/> Special Use: (explain)		(18 x 67)	
	<input type="checkbox"/> Conditional Use: (explain)		(18 x 67)	
	<input type="checkbox"/>		(18 x 67)	
	<input type="checkbox"/> Other: (explain)		(18 x 67)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

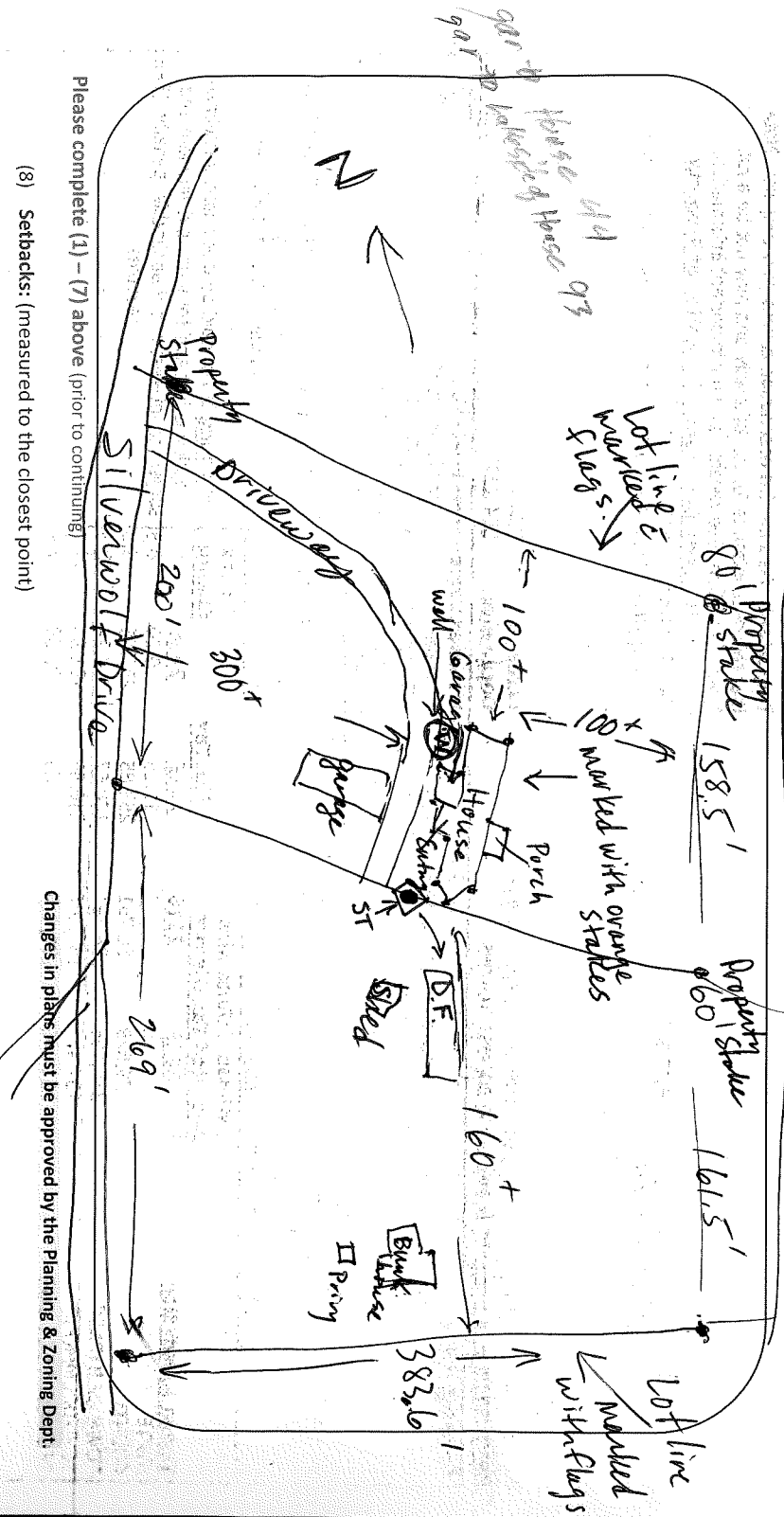
Owner(s): **Craig Krueger** **Shelly Krueger**
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of Authorization must accompany this application)

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date **7/17/17**
Address to send permit _____

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): All Existing Structures on your Property
- (4) Show: (* Well (W); (* Septic Tank (ST); (* Drain Field (DF); (* Holding Tank (HT) and/or (* Privy (P)
- (5) Show: (* Lake; (* River; (* Stream/Creek; or (* Pond
- (6) Show any (*): (* Wetlands; or (* Slopes over 20%
- (7) Show any (*):



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	300' Feet	Setback from the Lake (ordinary high-water mark)	160' Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	100' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	160' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	300' Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	160' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	20' Feet	Setback to Well	15' Feet
Setback to Drain Field	30' Feet		
Setback to Privy / Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 1798S	# of bedrooms:	Sanitary Date: 9-6-17			
Permit Denied (Date):		Reason for Denial:					
Permit #: 17-0350		Permit Date: 9-6-17					
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Lines Represented by Owner	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:							
Date of Inspection: 9/27/17		Inspected by: [Signature]					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached.)		Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.					
Signature of Inspector: [Signature]		Date of Approval: 8/21/17					
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

Village, State or Federal
May Also Be Required

USE - X
UNITARY - 17-98S
SIGN -
SPECIAL -
CONDITIONAL -
BOA -

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0350** Issued To: **Craig & Shelly Krueger**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **18** Township **45** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **47** Block Subdivision **Pawnee Add to Potawatomi** CSM#

For: **Residential Use:** [**1- Story; Residence (18' x 67') = 1,206 sq. ft.; Entry (14' x 16') = 224 sq. ft.;**
Porch (12' x 16') = 192 sq. ft.; Attached Garage (20' x 16.5) = 330 sq. ft.]
Total Overall = 1,901.5 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

September 6, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

ENTERED

RECEIVED
AUG 29 2011

Bayfield Co. Zoning Dept

Permit #:	17-0353
Date:	9-6-17
Amount Paid:	75 8-30-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Robert Rucker</u>	Mailing Address: <u>15236 Beldor Point Rd</u>	City/State/Zip: <u>Eden Prairie MN 55347</u>	Telephone: <u>612 963-1235</u>
Address of Property: <u>4845 Pease Rd</u>	City/State/Zip: <u>Barnes WI 54873</u>		Cell Phone: <u></u>
Contractor: <u>Montaine Construction</u>	Contractor Phone: <u>715 781-2464</u>	Plumber: <u>N/A</u>	Plumber Phone: <u>N/A</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Sereny Briscoll</u>	Agent Phone: <u>715 781-2464</u>	Agent Mailing Address (include City/State/Zip): <u>52230 Men Rd Barnes WI 54873</u>	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement) <u>1958</u>	Tax ID# (4-5 digits) <u>1958</u>	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: <u></u> R- <u></u>
Section <u>15</u> , Township <u>44</u> N, Range <u>9</u> W	Town of: <u>Barnes</u>	Lot Size	Acres <u>3.3</u>

<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue -->	Distance Structure is from Shoreline: feet <u>60</u>	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue -->	Distance Structure is from Shoreline: feet <u>60</u>			

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>29,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>None</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
					<input checked="" type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with Loft	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with a Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with (2 nd) Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with a Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with (2 nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with Attached Garage	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Mobile Home (manufactured date)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Addition/Alteration (specify)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Accessory Building (specify)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Rec'd for ISSUANCE		
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Conditional Use: (explain)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Other: (explain)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> SEP 06 2017		
Secretarial Staff			

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

Owner(s): _____ Date _____
(If there are Multiple Owners listed on the Deed, All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date 8/29/17
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 52230 Men Rd Barnes WI 54873

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement

Call Jeremy Driscoll.
765-781.2464
B-d entry

- North



Changes in plans must be approved by the Planning & Zoning Dept.

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from the previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

NOTICE: All I and U Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

The local Town, Village, City, State or Federal agencies may also require permits.

condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No - (If No they need to be attached.)
To prevent any erosion or sedimentation onto other properties or water bodies
construction site best management practices shall be implemented

n, City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0353** Issued To: **Robert Rucker / Jeremy Driscoll, Agent**

N $\frac{1}{2}$ of
Location: **NE** $\frac{1}{4}$ of - $\frac{1}{4}$ Section **15** Township **44** N. Range **9** W. Town of **Barnes**

Par in

Gov't Lot **1** Lot Block Subdivision CSM#

For: **Residential Other: [1- Story; Pavilion (18' x 30') (10' x 12') = 660 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto other properties or water bodies.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

September 6, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

ENTERED

RECEIVED
AUG 22 2017
Bayfield Co. Zoning Dept.

Permit #:	17-03602
Date:	9-8-17
Amount Paid:	185 8:23-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED → ☒ STAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: <u>Chesapeake Tel Corp</u>	Mailing Address: <u>PO Box 67</u>	City/State/Zip: <u>Cable WI 54824</u>	Telephone: <u>800.220.8727</u>
Address of Property: <u>6470 Kikapoo Trail</u>	City/State/Zip: <u>Drummond WI 54873</u>		Cell Phone: <u>715 798 3303</u>
Contractor: <u>TBD</u>	Contractor Phone: <u>TBD</u>	Plumber: <u>4</u>	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>PA Cmbia</u>	Agent Phone: <u>6124603424</u>	Agent Mailing Address (include Apt/Box/Zip) <u>2616 Farwell Ave</u>	Written Authorization Attached Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
PROJECT LOCATION <u>1/4, 52 1/4</u>	Legal Description: (Use Tax Statement) <u>25223</u>	Tax ID# (4-5 digits)	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: _____ R. _____
Section <u>25</u> , Township <u>45</u> N, Range <u>02</u> W	Vol & Page	Lot(s) No.	Block(s) No.
Subdivision:	Subdivision:	Lot Size	Acres

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material <u>\$ 30K</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story / Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement				<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement				<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Foundation				<input checked="" type="checkbox"/> Compost Toilet	
					<input checked="" type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: <u>10'</u>	Height: <u>8'</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(_____)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(_____)	
	with Loft	(_____)	
	with a Porch	(_____)	
	with (2 nd) Porch	(_____)	
	with a Deck	(_____)	
	with (2 nd) Deck	(_____)	
	with Attached Garage	(_____)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(_____)	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	(_____)	
	<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>replace, remove, & add TWO</u>	(<u>9'</u> x <u>10'</u>)	<u>80 sq</u>
	<input type="checkbox"/> Accessory Building (specify) _____	(_____)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(_____)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____	(_____)	
	<input type="checkbox"/> Conditional Use: (explain) _____	(_____)	
	<input type="checkbox"/> Other: (explain) _____	(_____)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

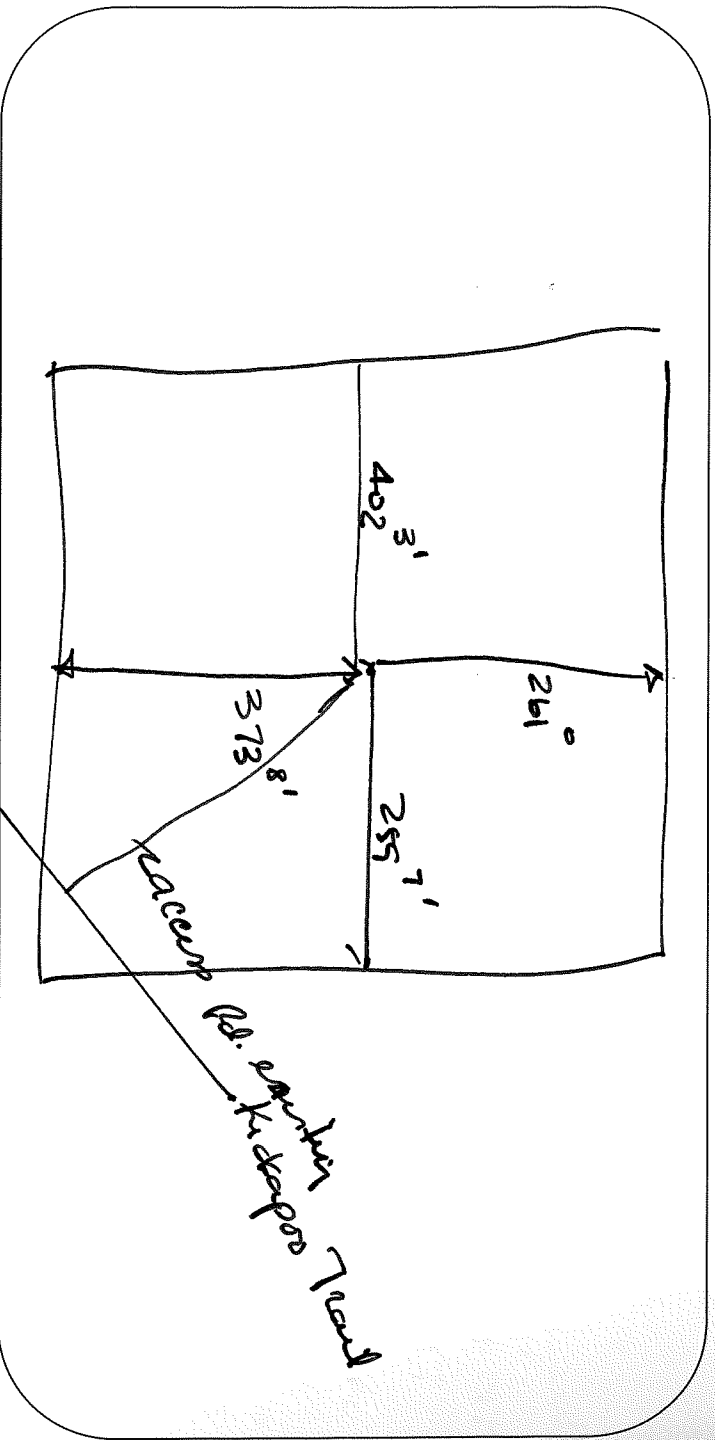
Owner(s): _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 2616 Farwell Ave Mpls Date 8/18/2017

the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N)** on Plot Plan
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road** (Name Frontage Road)
- (4) Show: **All Existing Structures** on your Property
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	365' 7"	Setback from the Lake (ordinary high-water mark)	0' Feet
Setback from the Established Right-of-Way	365' 7"	Setback from the River, Stream, Creek	0' Feet
Setback from the North Lot Line	261' 0"	Setback from the Bank or Bluff	0' Feet
Setback from the South Lot Line	373' 8"	Setback from Wetland	0' Feet
Setback from the West Lot Line	402' 3"	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	257' 7"	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	+	Setback to Well	0' Feet
Setback to Drain Field	+		
Setback to Privy (Portable, Composting)	+		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-03002		Permit Date: 9-8-17		
<input type="checkbox"/> Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	
<input type="checkbox"/> Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	
<input type="checkbox"/> Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Granted by Variance (B.O.A.)		Case #:		
<input type="checkbox"/> Was Parcel Legally Created		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Proposed Building Site Delineated		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Mitigation Required		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Mitigation Attached		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Affidavit Required		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Affidavit Attached		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Previously Granted by Variance (B.O.A.)		Case #:		
<input type="checkbox"/> Were Property Lines Represented by Owner		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Was Property Surveyed		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Zoning District ()				
<input type="checkbox"/> Lakes Classification ()				
<input type="checkbox"/> Date of Re-Inspection:				
Date of Inspection: Inspected by:				
Conditional Town Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached)				
NOT TO EXCEED SCOPE OF WORK AS STAKED				
Signature of Inspector: [Signature]		Date of Approval: 9/8/17		
<input type="checkbox"/> Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>		

ty, Village, State or Federal
May Also Be Required

ND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0362** Issued To: **Chequamegon Telephone Co-op Inc / Pat Conlin, Agent**

Par in
Location: **SE** $\frac{1}{4}$ of **SE** $\frac{1}{4}$ Section **25** Township **45** N. Range **9** W. Town of **Barnes**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Commercial Principal Addition: [Antenna Addition (8' x 10') = 80 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Not to exceed scope of project.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

September 8, 2017

Date